PRISM Virtual Learning Session #6: Adolescent Mental Health during COVID-19

Tuesday, August 25, 2020
PRISM Learning Community: Cohort 1

CNMI

[Map of the United States with CNMI highlighted]
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>1:50 pm</td>
<td>Begin Login – Zoom Instructions provided. The learning session includes two components: online meeting space and audio discussion.</td>
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<tr>
<td>2:00 pm</td>
<td>Welcome and Introductions</td>
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<td>- Welcome remarks</td>
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<td>- Review session objectives and agenda</td>
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<tr>
<td>2:05 pm</td>
<td>College, COVID-19 &amp; Disability Justice</td>
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<td>- Marissa Howdershelt, Member of Mental Health America’s Collegiate Mental Health Innovation Council and Student at University of California, Riverside</td>
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<tr>
<td>2:19 pm</td>
<td>Adolescent Mental Health: Services for Youth Leaving Incarceration</td>
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<td>- Dr. Andrew Hsi, MPH, MD, Professor, Department of Family and Community Medicine and Pediatrics; Principal Investigator of FOCUS and ADOBE Programs, UNM Health Sciences Center</td>
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<td>2:33 pm</td>
<td>Adolescent Mental Health &amp; Advocacy</td>
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<td>- Angela Kimball, National Director of Advocacy &amp; Public Policy, National Alliance on Mental Illness</td>
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<td>2:47 pm</td>
<td>Panel Discussion</td>
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<td>2:57 pm</td>
<td>Closing Remarks &amp; Adjourn</td>
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Objectives

• Recount the challenges COVID-19 has created for youth mental health including educational, interpersonal, and health-related disruptions.

• Examine one successful program and lessons learned to support youth released from a detention center through an enhanced medical home model that emphasizes mental health and wellbeing.

• Describe two strategies that state health officials can implement to support and advocate for youth and adolescents with mental health needs.
Please note:

The content, findings, and conclusions shared in this presentation are those of the speakers and do not necessarily reflect the official positions of or endorsements by ASTHO, AMCHP, or the PRISM project funder (HRSA).
Marissa Howdershelt

• Member, Mental Health America’s Collegiate Mental Health Innovation Council

• Student, University of California, Riverside
COLLEGE, COVID-19 & DISABILITY JUSTICE

MARISSA HOWDERSHELT
(THEY/THEM)
MHOWD001@UCR.EDU
A little bit about me...

- Fourth year undergraduate student at UC Riverside
- Major: Public Policy (Minor - Education)
- 2019-2020 CMHIC Member (MHA)
- Campus Advocacy
- Systemwide Advocacy
“The Personal is Political”

Some questions I’d like to pose & answer:

• How can we be our own best ally?

• What does it mean to radically love yourself?

• Bipolar II Disorder: what is it and how has it effected every aspect of my life?
UC Advocacy

• 2018-2019 ASUCR Lobby Corps - an organization in the student government external office of UC Riverside

• What are student basic needs?

• How can professors, staff and administration further support college students?
Collegiate Mental Health Innovation Council:

• What is it?

• Research that I did:
  • Leave of Absence Policies in the University of California system

• Takeaways from the council and actions moving forward
COVID-19 IMPACT…

- On School
- On Disability Accommodations
- On Mental Health
During late June, 40% of U.S. adults reported struggling with mental health or substance use.

**ANXIETY/DEPRESSION SYMPTOMS**
- 31%

**TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS**
- 26%

**STARTED OR INCREASED SUBSTANCE USE**
- 13%

**SERIOUSLY CONSIDERED SUICIDE**
- 11%

*Based on a survey of U.S. adults aged ≥18 years during June 24–30, 2020

For stress and coping strategies: [bit.ly/dailylifecoping](bit.ly/dailylifecoping)
THE URGENCY FOR DISABILITY JUSTICE

For ALL Students

• Higher education and Academia has failed in accessibility towards students with disabilities

• What does it truly mean to have a fully funded and inclusive university experience?

For an equitable future

• Socioeconomic justice and racial justice IS disability justice

• When we begin to problematize and critique current “social stigmas/norms” from an intersectional lens, transformation is possible.
WE MUST DO BETTER FOR ALL COLLEGE STUDENTS
• CDC
• Mental Health America: mhanational.org
• Projectlets.org


THANK YOU!!!

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Andrew Hsi, MPH, MD

• Professor, Department of Family and Community Medicine and Pediatrics

• Principal Investigator, FOCUS and ADOBE Programs, UNM Health Sciences Center
ANDROUSCENT MENTAL HEALTH: SERVICES FOR YOUTH LEAVING INCARCERATION

andrew hsi, md, mph
principal investigator ADOBE Program;
https://hsc.unm.edu/research/research-centers/institute-for-resilience-health-and-justice/adobe.html
director of the health sciences institute for resilience, health, and justice
university of new mexico health sciences center
ahsi@salud.unm.edu
ADOBE PROGRAM

Bernalillo County, NM
Behavioral Health Services Initiative
Prevention of Adverse Childhood Experiences
BACKGROUND

- Cohort data for youth committed in 2011
  - 100% had axis 1 psychiatric diagnoses
  - 96.4% had substance use disorder prior
  - Psychiatric services in facility
  - No formal SUD treatment, no MAT
  - Discharge planning limited, no service safety net
- Funding identified in 2017 for juveniles in county detention
- System of care created based on data from state prison
- First clinic started February 2017
Mental health services for youth and family members who might affect risk of re-incarceration

- Psychiatric services; psychiatrist and psychiatric nurse practitioner
- Time to appointment from release from detention; 8 days
- July 2019 to June 2020; 200 visits with psychiatric services, 46 new patient visits
- Psychiatric visits include family members, most often parent of referred youth
- Primary medical assists with psychiatric medication management, youth and family
- Medication assisted treatment for opioid use disorder with buprenorphine; young person and family
- Combined approach to methamphetamine, marijuana, alcohol use disorders
- Attention to naloxone rescue access
Integrated wrap around services; coordinated with psychiatric and medical care

Navigation provided for health, legal, criminal justice, social determinant needs

Education and vocation futures supported, coordinate with school nurse, counselors

Critical supports for mental health

Educational Liaison:
- Identify youth’s educational strengths, areas of improvement and future life goals.
- Provide a link between home, school and medical team.
- Meet with school personnel at regular intervals regarding the youth’s educational performance and academic needs.
- Advocate for necessary educational services.

Home Navigators:
Improve the life of the youth and their families by facilitating change and providing means for self-empowerment within their community. Navigators are able to assist families with some of the barriers they face. Some of the services include:
- Assistance in navigating housing and rental resources
- Assistance in navigating food, clothing and utilities resources
- Assistance in filling out social services applications.
- To explore opportunities for youth to participate in extracurricular programs and activities.
- Job readiness

In partnership with UNM Law Clinic

Referrals can be made for:
- Housing landlord issues
- Immigration issues
- Guardian/custody issues
- Emancipation

Contact for Referrals
Please call 272-7258 to set up an initial medical appointment or for more information.
ADAPTATIONS AND CHALLENGES
FOR COVID-19

75% psychiatric visits remote, telephone
Plan for zoom visits, better assessment of patient
25% medical visits remote
All navigation by phone, mainly text
Educational support by phone or text

Major needs:
Behavioral health integrated with ADOBE
Community access inconsistent before pandemic
Increase intention by behavioral health to coordinate

Future initiatives:
Kids in school with behavioral emotional challenges
Coordination with DA for kids in homes with DV
QUESTIONS, COMMENTS?

THANK YOU

andrew hsi, md, mph
principal investigator ADOBE Program;
https://hsc.unm.edu/research/research-centers/institute-for-resilience-health-and-justice/adobe.html

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Angela Kimball

• National Director of Advocacy & Public Policy, National Alliance on Mental Illness
Adolescent Mental Health & Advocacy

ANGELA KIMBALL, NATIONAL DIRECTOR OF ADVOCACY & PUBLIC POLICY
NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS)
PRISM VIRTUAL LEARNING SESSION: ADOLESCENT HEALTH & MENTAL HEALTH CARE
AUGUST 25, 2020
Mental health and substance use disorders are the chronic conditions of youth

50% OF ALL LIFETIME MENTAL HEALTH CONDITIONS APPEAR BY AGE 14; 75% BY AGE 24
Mental health conditions are common, the rate of treatment is low, and the cost to individuals, families and communities is extremely high.
The RIPPLE EFFECT of Mental Illness

Having a mental illness can make it challenging to live everyday life and maintain recovery. Let’s look at some of the ways mental illness can impact lives — and how the impact can ripple out.

**PERSON**
- People with serious mental illness have an increased risk for chronic disease, like diabetes or cancer.
- 19% of U.S. adults with mental illness also have a substance use disorder.

**FAMILY**
- At least 8.4 million Americans provide care to an adult with an emotional or mental illness.
- Caregivers spend an average of 32 hours per week providing unpaid care.

**COMMUNITY**
- 20% of people experiencing homelessness also have a serious mental illness.
- 37% of people incarcerated in state and federal prison have a diagnosed mental condition.
- 70% of youth in the juvenile justice system have at least one mental health condition.

**WORLD**
- Depression is the leading cause of disability worldwide.
- Depression and anxiety disorders cost the global economy $1 trillion each year in lost productivity.

Data from CDC, NAMI and other source materials. Visit nami.org for the resources at your fingertips.
With early and effective mental health services and supports, recovery is possible.

Disability and poor outcomes should be thought of as avoidable treatment and system failures.
Yet, adolescence is when there is a sharp drop-off in use of primary care.

We need public health approaches—and new policies—to normalize mental health care and lower barriers to access for youth.
POLICY LEVERS

• **Medicaid expansion** (allows young adults with mental health conditions get coverage if they are low income)

• **9-8-8 three-digit mental health and suicidal crisis hotline** (operational July 2022)

• **Crisis Now model of services** (24/7 crisis lines, non-law enforcement mobile crisis response, and crisis stabilization programs)
POLICY LEVERS

• Public awareness campaigns
  • CDC’s Know the Signs. Act Early.
    (but for mental health)
  • Thrive NYC

• School-based and school-linked mental health care

• Oregon’s student mental health day

Photo courtesy ThriveNYC
POLICY LEVERS

• Integration of mental health into primary care settings
• Expanded telehealth
• Family First Act (states can apply to use federal child welfare funds more flexibly)
LEVERAGING ADVOCACY

• Find points of shared interest (hospitals, health plans, schools, child welfare, foundations, racial and social justice organizations)
• Make a unified ask (many groups with the same message)
• Use the power of youth (Oregon’s MH Day success)
• Use the power of media/social media
Discussion
Please send us your technical assistance requests!

ASTHO and AMCHP are happy to help answer questions, find resources, and facilitate connections.
Your Input Matters

• Please help us evaluate today’s learning session by visiting https://bit.ly/prismvls6 on your device now.

• Thank you!